

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NorthStar Leadership PAC

ADDRESS (number and street)

PO Box 28754

☐Check if different  
than previously  
reported. (ACC)

St. Paul

MN

55128

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00386573

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☒July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jeff Larson

Signature of Treasurer

Electronically Filed by Jeff Larson

Date

07

30

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NorthStar Leadership PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		39678.39
(b) Cash on Hand at Beginning of Reporting Period .....	39678.39	
(c) Total Receipts (from Line 19) .....	214618.18	280827.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	254296.57	320506.07
7. Total Disbursements (from Line 31) .....	238528.26	238528.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15768.31	81977.81
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	3104.84	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
NorthStar Leadership PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	181300.00	245750.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	15.00	1774.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	181315.00	247524.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	33000.00	33000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	214315.00	280524.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	303.18	303.18
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	214618.18	280827.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	214618.18	280827.68

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	186028.26	186028.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	186028.26	186028.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52500.00	52500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	238528.26	238528.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	238528.26	238528.26

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	214315.00	280524.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	214315.00	280524.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	186028.26	186028.26
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	186028.26	186028.26

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 72

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) 3M PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 1425 K Street NW Suite 300		<b>Transaction ID:</b> 70604.C701
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b> C00084475		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) AICPA PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 7
Mailing Address 1455 Pennsylvania Ave NW		<b>Transaction ID:</b> 70716.C716
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b> C00077321		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Koch PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 720 Arcwood Road		<b>Transaction ID:</b> 70716.C717
City Saint Paul	State MN	Zip Code 55115
FEC ID number of contributing federal political committee. <b>C</b> C00236489		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

13000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 72

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Medtronic PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 1420 New York Ave NW Suite 600		<b>Transaction ID:</b> 70716.C710
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00311878	Receipt	
Name of Employer Occupation  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) National Roofing Contractors PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 10225 W Higgins Rd, No. 600		<b>Transaction ID:</b> 70604.C704
City State Zip Code Des Plaines IL 60018	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00244863	Receipt	
Name of Employer Occupation  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) St. Paul Travelers PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 1331 F St NW Suite 975		<b>Transaction ID:</b> 70604.C674
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00376376	Receipt	
Name of Employer Occupation  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 72

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)  
St. Paul Travelers PAC  
Mailing Address 1331 F St NW Suite 975City State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 0 7

Transaction ID: 70604.C678

Amount of Each Receipt this Period

4000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Target PAC  
Mailing Address 1000 Nicollet Mall TPS 3275City State Zip Code  
Minneapolis MN 55403FEC ID number of contributing  
federal political committee. **C** C00098061

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: 70604.C702

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶

9000.00

TOTAL This Period (last page this line number only) ▶

33000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 72

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bahram Akradi		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 6442 City West Pky Ste 300		<b>Transaction ID:</b> 70604.C699
City Eden Prairie	State MN	Zip Code 55344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Lifetime Fitness	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

<b>B.</b> Full Name (Last, First, Middle Initial) Tani Austin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 5334 Harbor Town Drive		<b>Transaction ID:</b> 70604.C675
City San Antonio	State TX	Zip Code 78287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Starkey Laboratories	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

<b>C.</b> Full Name (Last, First, Middle Initial) William Austin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 5334 Harbor Town Drive		<b>Transaction ID:</b> 70604.C676
City Dallas	State TX	Zip Code 75287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Starkey Laboratories	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)

Louis Buron

Mailing Address PO Box 1656

City State Zip Code  
 Bemidji MN 56619-1656

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Omni Broadcasting

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 5 / 2 0 0 7

Transaction ID: 70716.C723

Amount of Each Receipt this Period

5000.00

Earmarked(Receipt)

**B.** Full Name (Last, First, Middle Initial)

Natl Assoc. of Broadcasters PA

Mailing Address 1771 N Street NW

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 5 / 2 0 0 7

Transaction ID: CM5170716.C723

Amount of Each Receipt this Period

5000.00

Memo - Conduit memo total

**[MEMO ITEM]**

Earmarked Memo - Conduit  
total

**C.** Full Name (Last, First, Middle Initial)

Cleo Cafesjian

Mailing Address 4351 Gulf Shore Blvd. N, PH#5

City State Zip Code  
 Naples FL 34103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 0 7

Transaction ID: 70716.C707

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Gerard Cafesjian		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 4001 Tamiami Trail N, Suite 425		<b>Transaction ID:</b> 70716.C708
City Naples	State FL	Zip Code 34103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer GLC Enterprises	Occupation President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Jill Dahlin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 5400 Londonderry Road		<b>Transaction ID:</b> 70716.C713
City Minneapolis	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Emily DeWeerd		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 6179 Creek Line Dr		<b>Transaction ID:</b> 70604.C696
City Minnetonka	State MN	Zip Code 55345
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Best Effort	Occupation Best Effort	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

A. Full Name (Last, First, Middle Initial)

John Driscoll

Mailing Address 30 E 7th Street Suite 2000

City State Zip Code  
 Saint Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 2 / 2 0 0 7

Transaction ID: 70604.C700

Amount of Each Receipt this Period

2000.00

Receipt

B. Full Name (Last, First, Middle Initial)

John Ellingboe

Mailing Address 7123 Tupa Dr

City State Zip Code  
 Edina MN 55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ovation

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 6 / 2 0 0 7

Transaction ID: 70604.C682

Amount of Each Receipt this Period

3000.00

Receipt

C. Full Name (Last, First, Middle Initial)

Ken Evenstad

Mailing Address 14905 23rd Ave N

City State Zip Code  
 Minneapolis MN 55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Upsher-Smith, Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 3 / 2 0 0 7

Transaction ID: 70604.C703

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)

Michael Falk

Mailing Address 600 Tarpon Way

City State Zip Code  
Palm Beach FL 33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ComVest Group

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 0 7

Transaction ID: 70604.C690

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Eugene Frey

Mailing Address 4101 GSBN PH2

City State Zip Code  
Naples FL 34103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: 70716.C709

Amount of Each Receipt this Period

2300.00

Receipt

**C.** Full Name (Last, First, Middle Initial)

John Goodman

Mailing Address 1107 Hazeltine Blvd. Suite 200

City State Zip Code  
Chaska MN 55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sage Company

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70604.C681

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

12300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sidney Goodman Mailing Address 1107 Hazeltine Blvd Ste 200 City Chaska State MN Zip Code 55318-1006 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Sage Company Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt MM / DD / YYYY 02 / 22 / 2007 <b>Transaction ID:</b> 70604.C680 Amount of Each Receipt this Period 5000.00 Receipt
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Gorman Mailing Address 5100 Mirror Lakes Drive City Edina State MN Zip Code 55436 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Split Rock Partners Occupation Venture Capitalist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt MM / DD / YYYY 05 / 25 / 2007 <b>Transaction ID:</b> 70716.C706 Amount of Each Receipt this Period 5000.00 Receipt
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Gresser Mailing Address 23703 Mulligan Mile City Rapid City State SD Zip Code 57702 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Gresser Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt MM / DD / YYYY 03 / 13 / 2007 <b>Transaction ID:</b> 70604.C698 Amount of Each Receipt this Period 5000.00 Receipt

SUBTOTAL of Receipts This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Pierson Grieve		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 4900 IDS Center		<b>Transaction ID:</b> 70716.C714
City Minneapolis	State MN	Zip Code 55402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John Grundhofer		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 800 Nicollet Mall, Suite 2300		<b>Transaction ID:</b> 70604.C677
City Minneapolis	State MN	Zip Code 55402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dennis Hecker		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 500 Ford Road		<b>Transaction ID:</b> 70716.C711
City Minneapolis	State MN	Zip Code 55426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Denny Hecker Auto	Occupation Owner	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Warren Herreid		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 4305 Trillium Way		<b>Transaction ID:</b> 70604.C694
City Mound	State MN	Zip Code 55364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Kahr & Associates	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Receipt

<b>B.</b> Full Name (Last, First, Middle Initial) Louis Hill		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 5323 Lakeland Ave N #200		<b>Transaction ID:</b> 70130.C670
City Minneapolis	State MN	Zip Code 55429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Self	Occupation Entrepreneur	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

<b>C.</b> Full Name (Last, First, Middle Initial) Jibil Kazeminy		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 7803 Glenroy Rd Ste 300		<b>Transaction ID:</b> 70604.C688
City Edina	State MN	Zip Code 55439
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)  
Nader Kazeminy  
Mailing Address 7803 Glenroy Rd Ste 300

City State Zip Code  
Edina MN 55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jaudin Enterprises

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 0 7

Transaction ID: 70604.C687

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Nasser Kazeminy  
Mailing Address 760 Island Drive

City State Zip Code  
Palm Beach FL 33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NJK Holding

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 0 7

Transaction ID: 70604.C686

Amount of Each Receipt this Period

5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Yvonne Kazeminy

Mailing Address 760 Island Dr

City State Zip Code  
Palm Beach FL 33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 0 7

Transaction ID: 70604.C689

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Tanya Mackay

Mailing Address 7803 Glenroy Rd

City State Zip Code  
 Minneapolis MN 55439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 6 / 2 0 0 7

Transaction ID: 70604.C684

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** James McGuire

Mailing Address 33 Bello Dr

City State Zip Code  
 Edina MN 55439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Best Effort

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 6 / 2 0 0 7

Transaction ID: 70604.C683

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** Alvin McQuinn

Mailing Address 1551 Gulf Shore Blvd S

City State Zip Code  
 Naples FL 34102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Quin Star Investment

Occupation  
Managing partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 2 / 2 0 0 7

Transaction ID: 70130.C671

Amount of Each Receipt this Period

4000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

14000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)  
Carl Pohlad  
Mailing Address 4812 Bywood Street W

City State Zip Code  
Minneapolis MN 55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marquette Bancshares

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 6 / 2 0 0 7

Transaction ID: 70604.C685

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Robert Pohlad  
Mailing Address 4801 Bywood Street W

City State Zip Code  
Minneapolis MN 55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PepsiAmerica

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: 70716.C712

Amount of Each Receipt this Period

5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Redmond  
Mailing Address 445 East Lake St, Ste 320

City State Zip Code  
Wayzata MN 55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70716.C721

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)  
Linda Redmond  
Mailing Address 539 Harrington Rd

City State Zip Code  
Wayzata MN 55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70716.C719

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Michael Redmond  
Mailing Address 539 Harrington Rd

City State Zip Code  
Wayzata MN 55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Effort

Occupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70716.C718

Amount of Each Receipt this Period

5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Thomas Redmond  
Mailing Address 445 E Lake St Ste 320

City State Zip Code  
Wayzata MN 55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70716.C720

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Jeannine Rivet

Mailing Address 4305 Trillium Way

City State Zip Code  
Mound MN 55364

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 7

Transaction ID: 70604.C695

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** David Schultz

Mailing Address 5950 Ridge Rd

City State Zip Code  
Excelsior MN 55331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 7

Transaction ID: 70604.C697

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** Gerald Schwalbach

Mailing Address 601 Carlson Parkway Suite 350

City State Zip Code  
Minnetonka MN 55305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Spensa Development Group

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 7

Transaction ID: 70604.C692

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Ulrich		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 7
Mailing Address 5400 Londonderry Road		<b>Transaction ID:</b> 70716.C715
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Target Corp.	Occupation Executive	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Brian Warpinski		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 4625 Casco St		<b>Transaction ID:</b> 70604.C693
City Edina	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Best Effort	Occupation Best Effort	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) William Weisman		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address PO Box 1458		<b>Transaction ID:</b> 70604.C691
City Minneapolis	State MN	Zip Code 55479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Weisman Enterprises	Occupation Executive	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

181300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 72

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial)

Park Midway Bank

Mailing Address 2265 Como Ave

City State Zip Code  
 Saint Paul MN 55108-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44.06

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 3 1 / 2 0 0 7

Transaction ID: 70604.C673

Amount of Each Receipt this Period

44.06

Interest Received

**B.** Full Name (Last, First, Middle Initial)

Park Midway Bank

Mailing Address 2265 Como Ave

City State Zip Code  
 Saint Paul MN 55108-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

68.78

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: 70716.C726

Amount of Each Receipt this Period

24.72

Interest Received

**C.** Full Name (Last, First, Middle Initial)

Park Midway Bank

Mailing Address 2265 Como Ave

City State Zip Code  
 Saint Paul MN 55108-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 7

Transaction ID: 70716.C727

Amount of Each Receipt this Period

91.82

Interest Received

**SUBTOTAL** of Receipts This Page (optional) .....

160.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 72

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 2265 Como Ave		<b>Transaction ID:</b> 70716.C728
City Saint Paul	State MN	Zip Code 55108-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.56
Name of Employer	Occupation	Interest Received
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.16	

<b>B.</b> Full Name (Last, First, Middle Initial) Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 2265 Como Ave		<b>Transaction ID:</b> 70716.C729
City Saint Paul	State MN	Zip Code 55108-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.49
Name of Employer	Occupation	Interest Received
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.65	

<b>C.</b> Full Name (Last, First, Middle Initial) Park Midway Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 2265 Como Ave		<b>Transaction ID:</b> 70716.C730
City Saint Paul	State MN	Zip Code 55108-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 61.53
Name of Employer	Occupation	Interest Received
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.18	

**SUBTOTAL** of Receipts This Page (optional) .....

142.58

**TOTAL** This Period (last page this line number only) .....

303.18



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
PAC FUNDRAISING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70604.E1298

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

3600.00

PAC FUNDRAISING FEES

Full Name (Last, First, Middle Initial)

## **B. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
PAC FUNDRAISING: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70604.E1349

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

5342.21

PAC FUNDRAISING: SEE BELOW

Full Name (Last, First, Middle Initial)

## **C. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
PAC FUNDRAISING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70604.E1350

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

**[MEMO ITEM]**

MEMO: PAC FUNDRAISING FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

8942.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
PAC FUNDRAISING EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1351

Date of Disbursement

02 / 27 / 2007

Amount of Each Disbursement this Period

342.21

## **[MEMO ITEM]**

MEMO: PAC FUNDRAISING EXPENSES

Full Name (Last, First, Middle Initial)

## **B. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
PAC FUNDRAISING: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1360

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

2794.40

PAC FUNDRAISING: SEE BELOW

Full Name (Last, First, Middle Initial)

## **C. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
PAC FUNDRAISING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1361

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

## **[MEMO ITEM]**

MEMO: PAC FUNDRAISING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

2794.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 72

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
PAC FUNDRAISING EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1362

Date of Disbursement

/   /

Amount of Each Disbursement this Period

294.40

## **[MEMO ITEM]**

MEMO: PAC FUNDRAISING EXPENSES

Full Name (Last, First, Middle Initial)

## **B. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
NOTE: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1381

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3035.70

NOTE: SEE BELOW

Full Name (Last, First, Middle Initial)

## **C. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
PAC FUNDRAISING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1382

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

## **[MEMO ITEM]**

MEMO: PAC FUNDRAISING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

3035.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 72

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
PAC FUNDRAISING EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1383

Date of Disbursement

/   /

Amount of Each Disbursement this Period

535.70

## **[MEMO ITEM]**

MEMO: PAC FUNDRAISING EXPENSES

Full Name (Last, First, Middle Initial)

## **B. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1395

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2613.60

SEE BELOW

Full Name (Last, First, Middle Initial)

## **C. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
PAC FUNDRAISING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1396

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

## **[MEMO ITEM]**

MEMO: PAC FUNDRAISING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

2613.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. 3 Dog Consulting**

Mailing Address 104 E Hume Ave

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
PAC FUNDRAISING EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1397

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

113.60

## **[MEMO ITEM]**

MEMO: PAC FUNDRAISING EXPENSES

Full Name (Last, First, Middle Initial)

## **B. Bellwether Consulting**

Mailing Address 1775 I St NW Ste 700

City Washington State DC Zip Code 20006-

Purpose of Disbursement  
PAC FUNDRAISING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1299

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

1500.00

PAC FUNDRAISING FEES

Full Name (Last, First, Middle Initial)

## **C. Bellwether Consulting**

Mailing Address 1775 I St NW Ste 700

City Washington State DC Zip Code 20006-

Purpose of Disbursement  
PAC FUNDRAISING EXPENSES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70717.E1429

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

44.88

PAC FUNDRAISING EXPENSES

**SUBTOTAL** of Disbursements This Page (optional) .....

1544.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Bellwether Consulting

Mailing Address 1775 I St NW Ste 700

City Washington State DC Zip Code 20006-

Purpose of Disbursement  
PAC FUNDRAISING CONSULTANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70604.E1316

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

PAC FUNDRAISING CONSULTANT FEE

Full Name (Last, First, Middle Initial)

**B.** Bellwether Consulting

Mailing Address 1775 I St NW Ste 700

City Washington State DC Zip Code 20006-

Purpose of Disbursement  
PAC FUNDRAISING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70604.E1359

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

PAC FUNDRAISING FEE

Full Name (Last, First, Middle Initial)

**C.** Bellwether Consulting

Mailing Address 1775 I St NW Ste 700

City Washington State DC Zip Code 20006-

Purpose of Disbursement  
PAC FUNDRAISING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70716.E1384

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

PAC FUNDRAISING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Bellwether Consulting

Mailing Address 1775 I St NW Ste 700

City Washington State DC Zip Code 20006-

Purpose of Disbursement  
PAC FUNDRAISING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70716.E1406

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

PAC FUNDRAISING FEE

Full Name (Last, First, Middle Initial)

**B.** Norm Coleman

Mailing Address 2550 University Ave W Suite 100N

City Saint Paul State MN Zip Code 55114-

Purpose of Disbursement  
REIMB. SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70604.E1309

Date of Disbursement

/   /

Amount of Each Disbursement this Period

252.86

REIMB. SEE BELOW

Full Name (Last, First, Middle Initial)

**C.** Norm Coleman

Mailing Address 2550 University Ave W Suite 100N

City Saint Paul State MN Zip Code 55114-

Purpose of Disbursement  
CAB FARE REIMB.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70604.E1310

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**

MEMO: CAB FARE REIMB.

**SUBTOTAL** of Disbursements This Page (optional) .....

2252.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hilton Hotel - Cleveland		<b>Transaction ID:</b> 70604.E1311 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 7</div> </div>	
Mailing Address 3663 Park East Drive		Amount of Each Disbursement this Period <div>232.86</div>	
City Beachwood State OH Zip Code 44122-	[MEMO ITEM] MEMO: LODGING		
Purpose of Disbursement LODGING			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
<b>B.</b> Full Name (Last, First, Middle Initial) Norm Coleman		<b>Transaction ID:</b> 70604.E1278 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 7</div> </div>	
Mailing Address 2550 University Ave W Suite 100N		Amount of Each Disbursement this Period <div>60.00</div>	
City Saint Paul State MN Zip Code 55114-	CAB FARE REIMB.		
Purpose of Disbursement CAB FARE REIMB.			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
<b>C.</b> Full Name (Last, First, Middle Initial) Norm Coleman		<b>Transaction ID:</b> 70716.E1385 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 2550 University Ave W Suite 100N		Amount of Each Disbursement this Period <div>256.48</div>	
City Saint Paul State MN Zip Code 55114-	MEETING/FOOD REIMB		
Purpose of Disbursement MEETING/FOOD REIMB			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

**SUBTOTAL** of Disbursements This Page (optional) .....

**316.48**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Coleman for Sen. 08

Mailing Address 7200 Hudson Blvd N Ste 270A

City Saint Paul State MN Zip Code 55128-7055

Purpose of Disbursement  
REIMB. FOR AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1394

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

1131.60

REIMB. FOR AIRFARE

Full Name (Last, First, Middle Initial)

**B.** Dolan Printing

Mailing Address 2301 Hennepin Ave E

City Minneapolis State MN Zip Code 55413-

Purpose of Disbursement  
STATIONERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1358

Date of Disbursement

03 / 22 / 2007

Amount of Each Disbursement this Period

1112.80

STATIONERY

Full Name (Last, First, Middle Initial)

**C.** Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CC PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1416

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

5.00

CC PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

2249.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70604.E1279

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5038.91

CREDIT CARD PAYMENT: SEE  
BELOW

Full Name (Last, First, Middle Initial)

**B.** CLS Transportation

Mailing Address PO Box 826152

City Philadelphia State PA Zip Code 19182-

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70604.E1280

Date of Disbursement

/   /

Amount of Each Disbursement this Period

278.20

**[MEMO ITEM]**  
MEMO: TRANSPORTATION

Full Name (Last, First, Middle Initial)

**C.** CLS Transportation

Mailing Address PO Box 826152

City Philadelphia State PA Zip Code 19182-

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70604.E1327

Date of Disbursement

/   /

Amount of Each Disbursement this Period

120.00

**[MEMO ITEM]**  
MEMO: TRANSPORTATION

**SUBTOTAL** of Disbursements This Page (optional) .....

5038.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Delta Airlines**

Mailing Address La Guardia Airport

City State Zip Code  
Floral Park NY 11001-

Purpose of Disbursement  
CHANGE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1291

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 0 2 / 2 0 0 7

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**

MEMO: CHANGE FEE

Full Name (Last, First, Middle Initial)

## **B. Elan Services - VISA**

Mailing Address PO Box 790408

City State Zip Code  
Saint Louis MO 63179-

Purpose of Disbursement  
FINANCE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1297

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 0 2 / 2 0 0 7

Amount of Each Disbursement this Period

275.46

**[MEMO ITEM]**

MEMO: FINANCE CHARGE

Full Name (Last, First, Middle Initial)

## **C. Elan Services - VISA**

Mailing Address PO Box 790408

City State Zip Code  
Saint Louis MO 63179-

Purpose of Disbursement  
SERVICE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1296

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 0 2 / 2 0 0 7

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**

MEMO: SERVICE CHARGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Helmsley Hotel

Mailing Address 225 Park Ave

City  
New York

State  
NY

Zip Code  
10169-

Purpose of Disbursement  
POLITICAL MEETING - FOOD & ROOM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1295

Date of Disbursement

/   /

Amount of Each Disbursement this Period

297.14

**[MEMO ITEM]**

MEMO: POLITICAL MEETING -  
FOOD & ROOM

Full Name (Last, First, Middle Initial)

**B.** Northwest Airlines

Mailing Address 70 E 6th Street

City  
Chaska

State  
MN

Zip Code  
55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1282

Date of Disbursement

/   /

Amount of Each Disbursement this Period

331.10

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

**C.** Northwest Airlines

Mailing Address 70 E 6th Street

City  
Chaska

State  
MN

Zip Code  
55318-

Purpose of Disbursement  
CHANGE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1283

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

**[MEMO ITEM]**

MEMO: CHANGE FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Northwest Airlines**

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
CHANGE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70604.E1294

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**

MEMO: CHANGE FEE

Full Name (Last, First, Middle Initial)

## **B. Northwest Airlines**

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70604.E1293

Date of Disbursement

/   /

Amount of Each Disbursement this Period

702.21

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Northwest Airlines**

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70604.E1292

Date of Disbursement

/   /

Amount of Each Disbursement this Period

635.10

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Northwest Airlines

Mailing Address 70 E 6th Street

City  
Chaska

State  
MN

Zip Code  
55318-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1281

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

333.31

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

**B.** The Venetian

Mailing Address 3355 Las Vegas Blvd S

City  
Las Vegas

State  
NV

Zip Code  
89109-

Purpose of Disbursement  
BUSINESS CENTER FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1286

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

7.50

**[MEMO ITEM]**

MEMO: BUSINESS CENTER FEE

Full Name (Last, First, Middle Initial)

**C.** The Venetian

Mailing Address 3355 Las Vegas Blvd S

City  
Las Vegas

State  
NV

Zip Code  
89109-

Purpose of Disbursement  
BUSINESS CENTER FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1284

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

7.50

**[MEMO ITEM]**

MEMO: BUSINESS CENTER FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 72

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** The Venetian

Mailing Address 3355 Las Vegas Blvd S

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1290

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1012.73

**[MEMO ITEM]**

MEMO: LODGING

Full Name (Last, First, Middle Initial)

**B.** The Venetian

Mailing Address 3355 Las Vegas Blvd S

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
BUSINESS CENTER FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1285

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6.00

**[MEMO ITEM]**

MEMO: BUSINESS CENTER FEE

Full Name (Last, First, Middle Initial)

**C.** The Venetian

Mailing Address 3355 Las Vegas Blvd S

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1289

Date of Disbursement

/   /

Amount of Each Disbursement this Period

981.53

**[MEMO ITEM]**

MEMO: LODGING

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Elan Services - VISA

Mailing Address PO Box 790408

City  
Saint LouisState  
MOZip Code  
63179-Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE BELOW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1319

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	7	

Amount of Each Disbursement this Period

1177.00

CREDIT CARD PAYMENT: SEE  
BELOW

Full Name (Last, First, Middle Initial)

**B.** Aveda

Mailing Address 400 Central Ave SE

City  
MinneapolisState  
MNZip Code  
55414-Purpose of Disbursement  
HOLIDAY GIFTS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1320

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	7	

Amount of Each Disbursement this Period

1177.00

**[MEMO ITEM]**  
MEMO: HOLIDAY GIFTS

Full Name (Last, First, Middle Initial)

**C.** Elan Services - VISA

Mailing Address PO Box 790408

City  
Saint LouisState  
MOZip Code  
63179-Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE BELOW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1326

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	7	

Amount of Each Disbursement this Period

6000.00

CREDIT CARD PAYMENT: SEE  
BELOW**SUBTOTAL** of Disbursements This Page (optional) .....

7177.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Grand View Lodge**

Mailing Address 23521 Nokomis Ave

City Nisswa State MN Zip Code 56468-2711

Purpose of Disbursement  
PAC FUNDRAISING EVENT-FOOD & ROOMS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1330

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

5717.69

## **[MEMO ITEM]**

MEMO: PAC FUNDRAISING EVE-  
NT-FOOD & ROOMS

Full Name (Last, First, Middle Initial)

## **B. The Venetian**

Mailing Address 3355 Las Vegas Blvd S

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1329

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

282.31

## **[MEMO ITEM]**

MEMO: LODGING

Full Name (Last, First, Middle Initial)

## **C. Elan Services - VISA**

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1354

Date of Disbursement

02 / 01 / 2007

Amount of Each Disbursement this Period

5.00

CC PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

5.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70604.E1341

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8453.05

CREDIT CARD PAYMENT: SEE  
BELOW

Full Name (Last, First, Middle Initial)

**B.** Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
FINANCE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70604.E1343

Date of Disbursement

/   /

Amount of Each Disbursement this Period

133.16

**[MEMO ITEM]**  
MEMO: FINANCE CHARGE

Full Name (Last, First, Middle Initial)

**C.** Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
FINANCE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70604.E1342

Date of Disbursement

/   /

Amount of Each Disbursement this Period

172.82

**[MEMO ITEM]**  
MEMO: FINANCE CHARGE

**SUBTOTAL** of Disbursements This Page (optional) .....

8453.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Grand View Lodge**

Mailing Address 23521 Nokomis Ave

City Nisswa State MN Zip Code 56468-2711

Purpose of Disbursement  
PAC FUNDRAISING EVENT: FOOD/RM RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1345

Date of Disbursement

02 / 22 / 2007

Amount of Each Disbursement this Period

8087.07

## **[MEMO ITEM]**

MEMO: PAC FUNDRAISING EVENT: FOOD/RM RENT

Full Name (Last, First, Middle Initial)

## **B. Northwest Airlines**

Mailing Address 70 E 6th Street

City Chaska State MN Zip Code 55318-

Purpose of Disbursement  
CHANGE FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1344

Date of Disbursement

02 / 22 / 2007

Amount of Each Disbursement this Period

60.00

## **[MEMO ITEM]**

MEMO: CHANGE FEE

Full Name (Last, First, Middle Initial)

## **C. Elan Services - VISA**

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1353

Date of Disbursement

03 / 01 / 2007

Amount of Each Disbursement this Period

819.49

CC PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

819.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70716.E1364

Date of Disbursement

04 / 01 / 2007

Amount of Each Disbursement this Period

5.55

CC PROCESSING FEE

Full Name (Last, First, Middle Initial)

**B.** Elan Services - VISA

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70716.E1371

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

83.39

CREDIT CARD PAYMENT: SEE  
BELOW

Full Name (Last, First, Middle Initial)

**C.** Regal Carriage

Mailing Address 18 West 33rd Street Suite 205

City New York State NY Zip Code 10001-

Purpose of Disbursement  
GROUND TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70716.E1372

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

83.39

**[MEMO ITEM]**  
MEMO: GROUND TRANSPORTATI-  
ON

**SUBTOTAL** of Disbursements This Page (optional) .....

88.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Elan Services - VISA		<b>Transaction ID:</b> 70716.E1375 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 7</div> </div>
Mailing Address PO Box 790408		Amount of Each Disbursement this Period <div>5.00</div>
City Saint Louis      State MO      Zip Code 63179-		
Purpose of Disbursement CC PROCESSING FEE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CC PROCESSING FEE
<b>B.</b> Full Name (Last, First, Middle Initial) Elan Services - VISA		<b>Transaction ID:</b> 70716.E1404 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 0 7</div> </div>
Mailing Address PO Box 790408		Amount of Each Disbursement this Period <div>5.00</div>
City Saint Louis      State MO      Zip Code 63179-		
Purpose of Disbursement CC PROCESSING FEE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CC PROCESSING FEE
<b>C.</b> Full Name (Last, First, Middle Initial) FedEx Kinkos		<b>Transaction ID:</b> 70604.E1315 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 7</div> </div>
Mailing Address 8300 City Centre Drive		Amount of Each Disbursement this Period <div>14.46</div>
City Woodbury      State MN      Zip Code 55125-		
Purpose of Disbursement DELIVERY	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DELIVERY

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

24.46

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A. FedEx Kinkos</b> Full Name (Last, First, Middle Initial) Mailing Address 8300 City Centre Drive City Woodbury State MN Zip Code 55125- Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70716.E1376</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 21.78 DELIVERY
<b>B. FedEx Kinkos</b> Full Name (Last, First, Middle Initial) Mailing Address 8300 City Centre Drive City Woodbury State MN Zip Code 55125- Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70716.E1379</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7 Amount of Each Disbursement this Period 24.75 DELIVERY
<b>C. FLS Connect</b> Full Name (Last, First, Middle Initial) Mailing Address 7300 Hudson Blvd. Suite 270 City Saint Paul State MN Zip Code 55128- Purpose of Disbursement PAC MGMT FEE INC. SAL. & RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70604.E1314</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 3500.00 PAC MGMT FEE INC. SAL. & RENT

**SUBTOTAL** of Disbursements This Page (optional) .....

**3546.53**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FLS Connect		<b>Transaction ID:</b> 70604.E1340 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 5 / 2 0 0 7</div> </div>
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period <div>3500.00</div>
City Saint Paul State MN Zip Code 55128-	PAC MGMT FEE: INC. SAL & RENT	
Purpose of Disbursement PAC MGMT FEE: INC. SAL & RENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) FLS Connect		<b>Transaction ID:</b> 70604.E1346 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 7</div> </div>
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period <div>7000.00</div>
City Saint Paul State MN Zip Code 55128-	PAC MGMT FEE: INC. SAL & RENT	
Purpose of Disbursement PAC MGMT FEE: INC. SAL & RENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) FLS Connect		<b>Transaction ID:</b> 70604.E1357 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 0 7</div> </div>
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period <div>7000.00</div>
City Saint Paul State MN Zip Code 55128-	PAC MGMT FEE: INC. SAL. & RENT	
Purpose of Disbursement PAC MGMT FEE: INC. SAL. & RENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**17500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FLS Connect		<b>Transaction ID:</b> 70716.E1392 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 0 7</div> </div>
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period <div>10000.00</div>
City Saint Paul State MN Zip Code 55128-		
Purpose of Disbursement PAC CONSULTANT FEE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC CONSULTANT FEE
<b>B.</b> Full Name (Last, First, Middle Initial) FLS Connect		<b>Transaction ID:</b> 70716.E1405 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 7</div> </div>
Mailing Address 7300 Hudson Blvd. Suite 270		Amount of Each Disbursement this Period <div>7000.00</div>
City Saint Paul State MN Zip Code 55128-		
Purpose of Disbursement PAC MGMT FEE INC. SAL & RENT	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC MGMT FEE INC. SAL & RENT
<b>C.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 70604.E1305 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 7</div> </div>
Mailing Address 1484 Canfield		Amount of Each Disbursement this Period <div>312.80</div>
City Saint Paul State MN Zip Code 55108-		
Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT FEE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC ADMINISTRATIVE CONSULTANT FEE

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**17312.80**

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 70604.E1313 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 2 / 2 0 0 7</div> </div>	
Mailing Address 1484 Canfield		<b>Amount of Each Disbursement this Period</b> <div>237.76</div>	
City Saint Paul      State MN      Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT FEE		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 70604.E1321 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 7</div> </div>	
Mailing Address 1484 Canfield		<b>Amount of Each Disbursement this Period</b> <div>230.00</div>	
City Saint Paul      State MN      Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT FEE		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 70604.E1347 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 7</div> </div>	
Mailing Address 1484 Canfield		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>	
City Saint Paul      State MN      Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT FEE		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

567.76

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 70716.E1366 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 0 7</div> </div>	
Mailing Address 1484 Canfield		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>	
City Saint Paul      State MN      Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT FEE		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 70716.E1368 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 1484 Canfield		<b>Amount of Each Disbursement this Period</b> <div>100.00</div>	
City Saint Paul      State MN      Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT FEE		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 70716.E1388 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 1484 Canfield		<b>Amount of Each Disbursement this Period</b> <div>200.00</div>	
City Saint Paul      State MN      Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT FEE		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>400.00</div>	
<b>TOTAL</b> This Period (last page this line number only) .....		<div></div>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sarah Hazen		<b>Transaction ID:</b> 70716.E1400 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 7</div> </div>	
Mailing Address 1484 Canfield		<b>Amount of Each Disbursement this Period</b> <div>200.00</div>	
City Saint Paul      State MN      Zip Code 55108-	Purpose of Disbursement PAC ADMINISTRATIVE CONSULTANT FEE		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		PAC ADMINISTRATIVE CONSUL- TANT FEE	
<b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Jones		<b>Transaction ID:</b> 70604.E1303 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 7</div> </div>	
Mailing Address 57A Glen Edge Rd		<b>Amount of Each Disbursement this Period</b> <div>1600.00</div>	
City Dellwood      State MN      Zip Code 55110-1446	Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEES		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		PAC FUNDRAISING CONSULTANT FEES	
<b>C.</b> Full Name (Last, First, Middle Initial) Links Print		<b>Transaction ID:</b> 70604.E1325 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 7</div> </div>	
Mailing Address 1065 Highway 36 E		<b>Amount of Each Disbursement this Period</b> <div>3360.66</div>	
City Saint Paul      State MN      Zip Code 55109-1911	Purpose of Disbursement HOLIDAY GFITS		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		HOLIDAY GFITS	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>5160.66</div>	
<b>TOTAL</b> This Period (last page this line number only) .....		<div></div>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Elizabeth Maruggi

Mailing Address 660 Howell Street S

City Saint Paul State MN Zip Code 55116-

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70604.E1300

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SEE BELOW

Full Name (Last, First, Middle Initial)

**B.** Elizabeth Maruggi

Mailing Address 660 Howell Street S

City Saint Paul State MN Zip Code 55116-

Purpose of Disbursement  
CAB FARE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70604.E1302

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

MEMO: CAB FARE REIMBURSEMENT

Full Name (Last, First, Middle Initial)

**C.** Elizabeth Maruggi

Mailing Address 660 Howell Street S

City Saint Paul State MN Zip Code 55116-

Purpose of Disbursement  
PAC FUNDRAISING CONSULTANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70604.E1301

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**[MEMO ITEM]**

MEMO: PAC FUNDRAISING CONSULTANT FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Maruggi		<b>Transaction ID:</b> 70604.E1323 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 7</div> </div>	
Mailing Address 660 Howell Street S		<b>Amount of Each Disbursement this Period</b> <div>625.00</div>	
City Saint Paul      State MN      Zip Code 55116-	Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<b>PAC FUNDRAISING CONSULTANT FEE</b>	
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Maruggi		<b>Transaction ID:</b> 70716.E1365 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 0 7</div> </div>	
Mailing Address 660 Howell Street S		<b>Amount of Each Disbursement this Period</b> <div>1250.00</div>	
City Saint Paul      State MN      Zip Code 55116-	Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<b>PAC FUNDRAISING CONSULTANT FEE</b>	
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Maruggi		<b>Transaction ID:</b> 70716.E1370 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 660 Howell Street S		<b>Amount of Each Disbursement this Period</b> <div>625.00</div>	
City Saint Paul      State MN      Zip Code 55116-	Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE		
Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<b>PAC FUNDRAISING CONSULTANT FEE</b>	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Maruggi		<b>Transaction ID:</b> 70716.E1403 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 7</div> </div>	
Mailing Address 660 Howell Street S		Amount of Each Disbursement this Period <div>1250.00</div>	
City Saint Paul State MN Zip Code 55116-	PAC FUNDRAISING CONSULTANT FEE		
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) mCapitol Management		<b>Transaction ID:</b> 70604.E1363 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 7 / 2 0 0 7</div> </div>	
Mailing Address 175 W Jackson Blvd FI 1900		Amount of Each Disbursement this Period <div>5000.00</div>	
City Chicago State IL Zip Code 60604-	PAC FUNDRAISING FEE		
Purpose of Disbursement PAC FUNDRAISING FEE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) mCapitol Management		<b>Transaction ID:</b> 70716.E1374 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 175 W Jackson Blvd FI 1900		Amount of Each Disbursement this Period <div>5000.00</div>	
City Chicago State IL Zip Code 60604-	PAC FUNDRAISING FEE		
Purpose of Disbursement PAC FUNDRAISING FEE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

11250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) mCapitol Management		<b>Transaction ID:</b> 70716.E1377 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 5 / 2 0 0 7</div> </div>	
Mailing Address 175 W Jackson Blvd FI 1900		Amount of Each Disbursement this Period <div>15000.00</div>	
City Chicago State IL Zip Code 60604-	PAC FUNDRAISING FEE		
Purpose of Disbursement PAC FUNDRAISING FEE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas McGill		<b>Transaction ID:</b> 70604.E1307 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 7</div> </div>	
Mailing Address 840 Linwood Ave		Amount of Each Disbursement this Period <div>1000.00</div>	
City Saint Paul State MN Zip Code 55105-3324	PAC FUNDRAISING CONSULTANT FEE		
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Thomas McGill		<b>Transaction ID:</b> 70716.E1391 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 0 7</div> </div>	
Mailing Address 840 Linwood Ave		Amount of Each Disbursement this Period <div>3750.00</div>	
City Saint Paul State MN Zip Code 55105-3324	PAC FUNDRAISING CONSULTANT FEE		
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**19750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Thomas McGill

Mailing Address 840 Linwood Ave

City Saint Paul State MN Zip Code 55105-3324

Purpose of Disbursement  
PAC FUNDRAISING CONSULTANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70716.E1398

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

3750.00

PAC FUNDRAISING CONSULTANT  
FEE

Full Name (Last, First, Middle Initial)

**B.** McGill Consulting, LLC

Mailing Address 840 Linwood Ave

City Saint Paul State MN Zip Code 55105-

Purpose of Disbursement  
PAC FUNDRAISING CONSULTANT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70716.E1402

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

5000.00

PAC FUNDRAISING CONSULTANT

Full Name (Last, First, Middle Initial)

**C.** Minnesota Department of Revenue

Mailing Address Mail State 1257

City Saint Paul State MN Zip Code 55146-

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70716.E1419

Date of Disbursement

03 / 13 / 2007

Amount of Each Disbursement this Period

208.00

TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

8958.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Nelson		<b>Transaction ID:</b> 70604.E1306 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 7</div> </div>
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period <div>2000.00</div>
City Saint Paul State MN Zip Code 55104-		
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC FUNDRAISING CONSULTANT FEE
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Nelson		<b>Transaction ID:</b> 70604.E1322 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 6 / 2 0 0 7</div> </div>
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period <div>2000.00</div>
City Saint Paul State MN Zip Code 55104-		
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC FUNDRAISING CONSULTANT FEE
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Nelson		<b>Transaction ID:</b> 70604.E1338 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 7</div> </div>
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period <div>3000.00</div>
City Saint Paul State MN Zip Code 55104-		
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC FUNDRAISING CONSULTANT FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

**7000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Nelson		<b>Transaction ID:</b> 70604.E1348 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 7</div> </div>	
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period <div>5000.00</div>	
City Saint Paul State MN Zip Code 55104-	PAC FUNDRAISING CONSULTANT FEE		
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Nelson		<b>Transaction ID:</b> 70716.E1425 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 0 7</div> </div>	
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period <div>5000.00</div>	
City Saint Paul State MN Zip Code 55104-	PAC FUNDRAISING CONSULTANT FEE		
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Nelson		<b>Transaction ID:</b> 70716.E1369 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period <div>5000.00</div>	
City Saint Paul State MN Zip Code 55104-	PAC FUNDRAISING CONSULTANT FEE		
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**15000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Nelson		<b>Transaction ID:</b> 70716.E1387 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period <div>5000.00</div>	
City Saint Paul State MN Zip Code 55104-	PAC FUNDRAISING CONSULTANT FEE		
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Nelson		<b>Transaction ID:</b> 70716.E1401 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 0 7</div> </div>	
Mailing Address 1975 Portland Ave		Amount of Each Disbursement this Period <div>5000.00</div>	
City Saint Paul State MN Zip Code 55104-	PAC FUNDRAISING CONSULTANT FEE		
Purpose of Disbursement PAC FUNDRAISING CONSULTANT FEE			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Park Midway Bank		<b>Transaction ID:</b> 70604.E1331 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 7</div> </div>	
Mailing Address 2265 Como Ave		Amount of Each Disbursement this Period <div>24.37</div>	
City Saint Paul State MN Zip Code 55108-	BANK CHARGES		
Purpose of Disbursement BANK CHARGES			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>10024.37</div>	
<b>TOTAL</b> This Period (last page this line number only) .....		<div></div>	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 72

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Park Midway Bank**

Mailing Address 2265 Como Ave

City Saint Paul State MN Zip Code 55108-

Purpose of Disbursement  
BANK SERVICE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1418

Date of Disbursement

/   /

Amount of Each Disbursement this Period

24.86

BANK SERVICE CHARGE

Full Name (Last, First, Middle Initial)

## **B. Park Midway Bank**

Mailing Address 2265 Como Ave

City Saint Paul State MN Zip Code 55108-

Purpose of Disbursement  
FEDERAL TAX DEPOSIT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1355

Date of Disbursement

/   /

Amount of Each Disbursement this Period

319.00

FEDERAL TAX DEPOSIT

Full Name (Last, First, Middle Initial)

## **C. Park Midway Bank**

Mailing Address 2265 Como Ave

City Saint Paul State MN Zip Code 55108-

Purpose of Disbursement  
BANK SERVICE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1356

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

BANK SERVICE CHARGE

**SUBTOTAL** of Disbursements This Page (optional) .....

358.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Park Midway Bank**

Mailing Address 2265 Como Ave

City Saint Paul State MN Zip Code 55108-

Purpose of Disbursement  
BANK SERVICE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1420

Date of Disbursement

03 / 31 / 2007

Amount of Each Disbursement this Period

23.60

BANK SERVICE CHARGE

Full Name (Last, First, Middle Initial)

## **B. Park Midway Bank**

Mailing Address 2265 Como Ave

City Saint Paul State MN Zip Code 55108-

Purpose of Disbursement  
BANK SERVICE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1421

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

19.76

BANK SERVICE CHARGE

Full Name (Last, First, Middle Initial)

## **C. Park Midway Bank**

Mailing Address 2265 Como Ave

City Saint Paul State MN Zip Code 55108-

Purpose of Disbursement  
BANK SERVICE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1422

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

22.86

BANK SERVICE CHARGE

**SUBTOTAL** of Disbursements This Page (optional) .....

66.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Park Midway Bank**

Mailing Address 2265 Como Ave

City  
Saint Paul

State  
MN

Zip Code  
55108-

Purpose of Disbursement  
BANK SERVICE CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1423

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

24.68

BANK SERVICE CHARGE

Full Name (Last, First, Middle Initial)

## **B. Patton Boggs, LLP**

Mailing Address 2550 M Street NW

City  
Washington

State  
DC

Zip Code  
20037-

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1318

Date of Disbursement

01 / 12 / 2007

Amount of Each Disbursement this Period

2246.88

LEGAL FEES

Full Name (Last, First, Middle Initial)

## **C. Patton Boggs, LLP**

Mailing Address 2550 M Street NW

City  
Washington

State  
DC

Zip Code  
20037-

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1324

Date of Disbursement

01 / 26 / 2007

Amount of Each Disbursement this Period

356.25

LEGAL FEES

**SUBTOTAL** of Disbursements This Page (optional) .....

2627.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Patton Boggs, LLP

Mailing Address 2550 M Street NW

City Washington State DC Zip Code 20037-

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1386

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

114.81

LEGAL FEES

Full Name (Last, First, Middle Initial)

**B.** Pinnacle Direct

Mailing Address 15260 113th St N

City Stillwater State MN Zip Code 55082-9575

Purpose of Disbursement  
DIRET MAIL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1304

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

2182.57

DIRET MAIL

Full Name (Last, First, Middle Initial)

**C.** Public Opinion Strategies

Mailing Address 214 North Fayette Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
POLLING EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70717.E1427

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

500.00

POLLING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

2797.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 72

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. Public Opinion Strategies**

Mailing Address 214 North Fayette Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
POLLING EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1339

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 1 5 / 2 0 0 7

Amount of Each Disbursement this Period

2200.00

POLLING EXPENSE

Full Name (Last, First, Middle Initial)

## **B. UniSource Direct**

Mailing Address 7 N Pinckney St Ste 225D

City Madison State WI Zip Code 53703-4260

Purpose of Disbursement  
DIRECT MAIL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70604.E1312

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 2 / 2 0 0 7

Amount of Each Disbursement this Period

5000.00

DIRECT MAIL

Full Name (Last, First, Middle Initial)

## **C. UniSource Direct**

Mailing Address 7 N Pinckney St Ste 225D

City Madison State WI Zip Code 53703-4260

Purpose of Disbursement  
DIRECT MAIL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 70716.E1380

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 5 / 2 2 / 2 0 0 7

Amount of Each Disbursement this Period

2000.00

DIRECT MAIL

**SUBTOTAL** of Disbursements This Page (optional) .....

9200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

## **A. US Postmaster**

Mailing Address 316 Robert Street North

City Saint Paul State MN Zip Code 55101-

Purpose of Disbursement  
ANNUAL BOX FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70604.E1337

Date of Disbursement

02 / 15 / 2007

Amount of Each Disbursement this Period

40.00

ANNUAL BOX FEE

Full Name (Last, First, Middle Initial)

## **B. U.S. Treasury**

Mailing Address U.S. Treasury

City Ogden State UT Zip Code 84201-

Purpose of Disbursement  
FEDERAL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70716.E1378

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

428.70

FEDERAL TAXES

Full Name (Last, First, Middle Initial)

## **C. U.S. Treasury**

Mailing Address U.S. Treasury

City Ogden State UT Zip Code 84201-

Purpose of Disbursement  
FEDERAL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70716.E1393

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

5.42

FEDERAL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

474.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** White House Custom Color

Mailing Address 156 Hardman Ave S

City  
South Saint Paul

State  
MN

Zip Code  
55075-

Purpose of Disbursement  
HOLIDAY CARDS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 70604.E1308

Date of Disbursement

/   /

Amount of Each Disbursement this Period

900.00

HOLIDAY CARDS

**SUBTOTAL** of Disbursements This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

185949.89

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 72

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Bob Schaffer for US Senate

Mailing Address PO Box 192135

City State Zip Code  
Denver CO 80250-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70716.E1426

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Collins for Senator

Mailing Address PO Box 1096

City State Zip Code  
Bangor ME 04402-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
SUSAN M COLLINS

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 00

**Transaction ID:** 70604.E1332

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Elizabeth Dole Committee, Inc.

Mailing Address PO Box 2918

City State Zip Code  
Raleigh NC 27602-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
ELIZABETH H DOLE

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 00

**Transaction ID:** 70604.E1336

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 72

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Friends of Jim Inhofe Committee

Mailing Address PO BOx 13300

City Oklahoma City State OK Zip Code 73113-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JAMES M INHOFE

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 00

Transaction ID: 70604.E1335

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Friends of Gordon Smith Committee

Mailing Address 228 S Washington Ste 115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
GORDON HAROLD SMITH

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: 70604.E1334

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Friends of Gordon Smith Committee

Mailing Address 228 S Washington Ste 115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
GORDON HAROLD SMITH

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: 70716.E1407

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 72

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

<b>A. McConnell Committee</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1496 City Louisville State KY Zip Code 40201- Purpose of Disbursement CONTRIBUTION Candidate Name MITCH MCCONNELL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70716.E1390</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 5000.00 CONTRIBUTION
<b>B. Natl. Republican Senatorial Committee</b> Full Name (Last, First, Middle Initial) Mailing Address 425 2nd Street NE City Washington State DC Zip Code 20002- Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70716.E1399</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 7500.00 CONTRIBUTION
<b>C. Stevens For Senate Committee</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 100879 City Anchorage State AK Zip Code 99510- Purpose of Disbursement CONTRIBUTION Candidate Name THEODORE F (TED) STEVENS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70716.E1367</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 5000.00 CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

17500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 72

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NorthStar Leadership PAC

Full Name (Last, First, Middle Initial)

**A.** Team Sununu

Mailing Address PO Box 500

City  
Rye

State  
NH

Zip Code  
03870-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOHN E SUNUNU

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: 70604.E1333

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

52500.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 71 / 72

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect

Nature of Debt (Purpose):  
PAC Mgmt Fee Inc. Sal. &  
Rent

Mailing Address 7300 Hudson Blvd. Suite 270

City State ZIP Code  
Saint Paul MN 55128-

Outstanding Balance Beginning This Period

10500.00

Transaction ID: LS70604.E1314

Amount Incurred This Period

0.00

Payment This Period

10500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Patton Boggs, LLP

Nature of Debt (Purpose):  
Note: Credit Adjustment  
to bill

Mailing Address 2550 M Street NW

City State ZIP Code  
Washington DC 20037-

Outstanding Balance Beginning This Period

2953.75

Transaction ID: LS70604.E1318

Amount Incurred This Period

-706.87

Payment This Period

2246.88

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Public Opinion Strategies

Nature of Debt (Purpose):  
Polling Expense

Mailing Address 214 North Fayette Street

City State ZIP Code  
Alexandria VA 22314-

Outstanding Balance Beginning This Period

2200.00

Transaction ID: LS70604.E1339

Amount Incurred This Period

0.00

Payment This Period

2200.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 72 / 72

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
NorthStar Leadership PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Bellwether ConsultingNature of Debt (Purpose):  
PAC Fundraising Fees

Mailing Address 1775 I St NW Ste 700

City State ZIP Code  
Washington DC 20006-

Outstanding Balance Beginning This Period

1500.00

Transaction ID: LS70604.E1299

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UniSource DirectNature of Debt (Purpose):  
Direct Mail

Mailing Address 7 N Pinckney St Ste 225D

City State ZIP Code  
Madison WI 53703-4260

Outstanding Balance Beginning This Period

10104.84

Transaction ID: LS70604.E1312

Amount Incurred This Period

0.00

Payment This Period

7000.00

Outstanding Balance at Close of This Period

3104.84

1) **SUBTOTALS** This Period This Page (optional).....

3104.84

2) **TOTALS** This Period (last page this line number only).....

3104.84

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)